REMARKS

Claims 1-20 are pending in the application.

Applicant respectfully requests approval and entry of the above amendments to the claims. The above amendments are supported in the original disclosure at, for example, page 2, lines 23-24, page 5, lines 6-8, and Table 4 at page 13. Accordingly, Applicant respectfully requests approval and entry of the above amendments.

Claims 1 and 3-20 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Warner et al., MED WIDE WEB, The Webification of Medicine: Interventional Informatics Through the WWW (January 1997) in view of U.S. Patent No. 7,287,031 to Karpf et al. Claim 2 has been rejected as being unpatentable over Warner in view of Karpf, and further in view of U.S. Patent No. 5,826,267 to McMillan.

Applicant respectfully traverses these rejections.

A fundamental feature and significant advantage of the claimed invention is that it permits end users to engage a system from remote locations to input measured bodily readings, such as blood pressure or weight, and to monitor the progress of their health. The end user is able to avail himself or herself of these services without requiring an appointment with a doctor or a visit to the hospital. Rather, the end user need only visit a kiosk conveniently located in a publicly accessible location, where the end user can measure and input his/her bodily readings.

Warner teaches a system for facilitating communication and collaboration between physicians. The system provides "a networked collection/aggregate of expert knowledge and skill resources" by connecting doctors together to share information in the treatment of a

common patient.[1] Warner is designed to collect information within the confines of a medical facility/environment and to share its collected information with medical personnel.[2]

The Examiner acknowledges at page 4 of the final Office Action that Warner fails to disclose several aspects of the claimed invention, including the following:

> Warner does not explicitly teach the collection kiosks located in the publicly accessible locations and having measurement devices for allowing the registered users to measure their own medical information at the collection kiosks. However, Karpf, in the same field of maintaining patient record data endeavor, discloses the wide availability system wherein the patient may access medical instructions from any computer that has a network connection to the Internet (publicly accessible location) [see Karpf, Col. 4, Lines 1-4] and allowing measurement of user's own compliance with medical care instructions (medical information).

(Final Office Action, page 4, lines 3-11)

The Examiner opines that it "would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Karpf into the teaching of Warner in order to ensure that the medical records and data information are readily

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[1] Warner elaborates on this system through an exemplary implementation in which a fictitious patient goes into cardiac arrest on his farm. Emergency personnel from a small rural clinic respond to the emergency by setting up a care portal and alerting the patient's primary care physician of the event. From a docking station the primary care physician is able to initiate a collaborative session to facilitate treatment of the patient. Specialists such as a cardiologist and hematologist are joined in the session from their docking stations. Through collaboration and cooperation between the primary care physician and specialists, the emergency personnel are provided with collaborated instructions for treating the patient.

[2] This type of system is discussed in the Background section of the patent application:

> It is relatively easy for a medical service provider to collect and monitor medical information when the patient is at a medical facility (e.g., hospital) and possible for a patient to collect certain types of medical information while not at a medical facility. It has, however, been difficult for medical service providers and their patients to monitor medical information collected by the patients outside of a medical facility.

See specification, page 2, lines 22-27.

available and easily accessible to the users/patients upon demand." (Final Office Action, page 4, lines 11-15.)

Applicant respectfully submits that there is a fundamental difference between the claimed invention and Warner which would have precluded the obviousness of the invention based on Warner, when taken alone or in combination with Karpf. Unlike the physician-run design of Warner, the present invention is designed to be accessed by end users in a manner which permits the end user to update and track their medical history, including collecting bodily readings, without the inconvenience of scheduling appointments or visiting the doctor's office or hospital. Warner does not contemplate use of its system by end users or anyone other than physicians and specialists. Warner teaches that one of two "conditions for the installation and operation of" its system is its use in a "Distributive and Collaboratory Environment." No suggestion is made that the system is intended for use by end users or designed for end users to collect and monitor their medical information. Warner only teaches a system for allowing physicians to collaborate with one another.

Karpf teaches that a "key feature" of its invention is that "medical personnel may enter into a treatment instructions database, at the time of the examination, the precise treatment instructions that the doctor issues to the patient." Col. 2, lines 38-41. At best, these teachings are cumulative of Warner.

Karpf teaches that the treatment instruction database is then made accessible to the patient. Col. 2, lines 41-45. However, unlike the present invention, neither Warner nor Karpf teaches "measurement devices for allowing the registered users to measure their own bodily readings at the collection kiosks," as recited in amended claim 1 of the present application. Using Karpf's system, the patient may review their treatment instructions online,

but Karpf does not provide its system with a capability for allowing the end user to input their own bodily readings such as weight and blood pressure, as disclosed in the present patent application. Warner similarly teaches that all information, including bodily readings, is entered by the physician. The user can access the inputted treatment instructions for following the prescribed treatment plan.

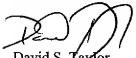
The claimed invention's capability of allowing the end user to both measure his own bodily readings and submit those readings is a significant improvement over the respective systems of Warner and Karpf. For example, using the method of claim 1 of the present application, the end user is accorded the convenience of routinely collecting medical information on his or her own schedule, without requiring a physician's appointment or trip to the hospital. The greater convenience of the method to the end user enhances the likelihood that the end user will routinely collect medical information at the collection kiosk and will monitor vital statistics such as blood pressure and weight. The end user is not required to schedule an appointment and visit a physician's office to update his or her medical information. In addition to the convenience to the patient, the claimed method offers an additional advantage to the physician and the medical services field in general. The patient-driven operation of the claimed method is particularly advantageous in today's society in which medical facilities and doctors are already burdened by congested case loads and stressed by excessive demands. By having the end user collect and enter their bodily readings at remote locations, the burdens on the physician and the medical facility are alleviated. Warner's need for a physician consultation to collect medical information and Karpf's need for physician entry of instructions into a computer program are circumvented, freeing up the physician's time and resources.

Finally, McMillan, which has been cited for its disclosure of file transfer protocol (FTP), does not overcome the above deficiencies of Warner and Karpf.

For the above reasons, Applicant respectfully submits that the claims are patentable over Warner and Karpf, when taken alone or in combination with one another and/or McMillan, and respectfully requests withdrawal of the Section 103(a) rejection of claim 1.

In view of the foregoing remarks, the present application is believed to be in condition for allowance. The Examiner is asked to consider this response and pass the application to allowance. Should the Examiner have any questions, he is requested to contact the undersigned.

Respectfully submitted,



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